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Headquarters  
United States Army Medical Department Activity  
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Fort George G. Meade, Maryland 20755-5800  
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\* MEDDAC  
Regulation 600-8-2

**Personnel – General**

**Competency-based Orientation (CBO)**

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FOR THE COMMANDER:

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Official:



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**History.** This is the first update of this regulation.

**Summary.** This regulation prescribes a means for building a documented source of information to indicate the competency or need for training for U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) personnel.

**Applicability.** This regulation applies to the MEDDAC headquarters and all outlying clinics. Specifically, this regulation applies to all MEDDAC employees. (The term “employees” is explained in the glossary.)

**Proponent.** The proponent of this regulation is the Deputy Commander for Nursing.

**Suggested improvements.** Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-ZN, Fort George G. Meade, MD 20755-5800, or to the MEDDAC’s Command Editor by fax to (301) 677-8088 or e-mail to [john.schneider@na.amedd.army.mil](mailto:john.schneider@na.amedd.army.mil).

**Distribution.** Distribution of this publication by electronic medium only.

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\* This update supersedes MEDDAC Regulation 600-8-2, dated 13 May 1998, and rescinds MEDDAC (Ft Meade) Form 677-R, dated 1 May 1998, and MEDDAC (Ft Meade) Form 678-R, dated 1 May 1998.

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## **Chapter 1 Introduction**

### **1-1. Purpose**

This regulation prescribes the policies, procedures and responsibilities to establish and maintain a documented source of information that indicates the competency or need for training for MEDDAC personnel.

### **1-2. Explanation of abbreviations and terms**

Abbreviations and special terms used in this regulation are explained in the glossary.

### **1-3. References**

Prescribed forms are listed at appendix A.

### **1-4. Responsibilities**

- a. *The MEDDAC Commander.* The MEDDAC Commander will ensure a competent staff is available to meet the mission.
- b. *The Deputy Commander for Clinical Services (DCCS).* The DCCS will evaluate the competency of the medical provider staff.
- c. *The Deputy Commander for Nursing (DCN).* The DCN—
  - (1) Will ensure and evaluate the competency of the nursing staff and the administrative support staff working under the direction of nursing personnel.
  - (2) Is the proponent for the MEDDAC's CBO Program.
- d. *The Deputy Commander for Administration (DCA).* The DCA will ensure and evaluate the competency of the administrative staff, excluding those subordinate to Nursing Services.
- e. *Commanders, directors and chiefs of outlying clinics.* Commanders, directors and chiefs of outlying clinics will comply with the provisions of this regulation.
- f. *Department supervisors, clinic chiefs, head nurses, and or noncommissioned officers in charge (NCOICs).* Department supervisors, clinic chiefs, head nurses and NCOICs will maintain a current CBO folder for each of their personnel and will report their section's competence level to

the command on an annual basis.

g. *Employees.* Employees will provide their supervisors with all pertinent information needed to complete their individual CBO folders. Employees will ensure that they know where their CBO folders are located, what is contained in them, and assist their supervisors in their maintenance.

## **Chapter 2**

### **The CBO Folder, MEDDAC Form 674-R, Personnel Data Sheet, Signature Verification Sheet, and General Maintenance of the CBO Folder**

#### **2-1. The CBO folder**

The CBO folder contains six sections. Each section contains specific items of documentation and information as described below in table 2-1. Supervisors of credentialed providers maintain sections I through IV and VI. Information in initial and ongoing competencies concerning credentialed providers will be maintained in their files in the Credentials Office.

**Table 2-1**  
**Sections and content of the CBO folder**

Section	Section Title	Contents
I	Personnel Data	a. MEDDAC Form 675-R b. MEDDAC Form 719-R c. MEDDAC FL 200-R d. Copy of license verification (if applicable) e. Copy of BLS and ACLS card (if applicable) f. Copy of resume or curriculum vitae
II	Duty / Position Description	a. Duty description for officers and enlisted personnel b. FASCLASS position description for DA civilians c. Statement of Work for contract employees
III	Facility Orientation	MEDDAC Form 676-R
IV	Initial Unit Orientation and Initial Competency Assessment	See paragraph 2-6, below.
V	Ongoing Competency Assessment	See paragraph 2-7, below.
VI	Continuing Education	MEDDAC Form 679-R

#### **2-2. MEDDAC Form 675-R, Personnel Data Sheet**

Supervisors will use MEDDAC Form 675-R (Personnel Data Sheet) to record the attainment of training and other items as listed. The employee will enter the date and his/her initials upon the completion of any item listed on the form and the supervisor will initial once verified. This form is reproducible and is contained in the –R Forms section at the back of this regulation. Supervisors may reproduce copies of the form as needed; do not requisition copies through forms supply channels.

#### **2-3. MEDDAC Form 719-R, Signature Verification Sheet**

Supervisors will have all eligible staff who are authorized to initial new employees CBOs; i.e., an employee's supervisor, HN, NCOIC and preceptor, complete MEDDAC Form 719-R (Signature Verification Sheet). This form is reproducible and is contained in the –R Forms section at the back of this regulation. Supervisors may reproduce copies of the form as needed; do not requisition copies

through forms supply channels.

**2-4. MEDDAC Form Letter (FL) 200-R, Patient Confidentiality Acknowledgment Statement**  
MEDDAC FL 200-R (Patient Confidentiality Acknowledgment Statement) will be initiated and maintained in accordance with MEDDAC Policy Statement No. 15, which may be accessed from the Electronic Publications section of the MEDDAC's web site. The form may be reproduced from the copy at the back of the policy statement or from the copy contained in the -R Forms section at the back of this regulation. Supervisors may reproduce copies of the form as needed; do not requisition copies through forms supply channels.

**2-5. MEDDAC Form 676-R, Competency-based Orientation – Facility Orientation**

a. MEDDAC Form 676-R (Competency-based Orientation – Facility Orientation) lists certain skills and abilities that are generally applicable to employees throughout the organization. The form will be completed during new employee orientation, which all employees must attend within 30 days of arrival. An interim orientation addressing key items, such as fire safety, will be conducted by the respective supervisor if the facility orientation is not scheduled within the employee's first two weeks. This will be documented on MEDDAC Form 676-R, which will be completed not later than two weeks after arrival and prior to assumption of any duties.

b. This form is reproducible and is contained in the -R Forms section at the back of this regulation. Supervisors will reproduce copies as needed; do not requisition through forms supply channels.

c. Supervisors will issue a copy of this form to each employee supervised and maintain a record copy on file in each employee's CBO folder.

**2-6. Competency-based Orientation – Initial Unit Orientation and Competency Assessment**

a. The Initial Unit Orientation and Competency Assessment CBO will identify all of the tasks that an employee must know and demonstrate to work in that unit. In addition to the skills and tasks, all pieces of medical equipment that an employee would be required to use will be listed. Age specific competencies and critical thinking skills should also be incorporated throughout the document.

b. Since each section must have a version of this form that is specifically tailored to the unit, there is no official MEDDAC Form associated with the Initial Unit Orientation and Competency Assessment CBO. Instead, two example formats for the Initial Unit Orientation and Competency Assessment CBO form are at appendixes B and C.

c. Each unit is responsible for creating a Initial Unit Orientation and Competency Assessment form based on the examples in appendixes B and C, using existing regulations or practice guidelines pertinent to their clinical or administrative area.

(1) The first column lists the knowledge and skills specific to that unit. If possible, these are grouped by major category as shown in the example.

(2) The second column is a self assessment completed by the new employee. The supervisor uses this information to help tailor the orientation program.

(3) The third column is used by the preceptor to annotate when the new employee was oriented to a task or skill.

(4) The fourth column annotates the method used by the supervisor to verify the employee's competence to perform that skill or task. Each unit is responsible for identifying those

procedures and or tasks that require demonstration to verify competency. This is annotated with a “D” for demonstration.

(5) The supervisor signs and dates the fifth column once competency has been assessed and verified. By doing so, the supervisor has verified that the employee is competent to perform this task without supervision.

(6) The final column addresses comments and can be used by both the preceptor and supervisor. Comments may include notes that this task was performed in a skills lab setting or that the employee requires additional practice before verifying competency, or similar notes. This section may also be used to annotate restrictions; e.g., a skill that requires certification, or note that the employee did not have an opportunity to perform or demonstrate that skill during the orientation process; e.g., administering the rabies vaccine.

d. Department chiefs, or supervisors if delegated, will initiate the CBO folder and issue the new employee a Initial Unit Orientation and Competency Assessment CBO checklist to use during his or her orientation program. Completion of the CBO checklist is a joint effort between the employee, the preceptor and the supervisor. The completed Initial Unit Orientation and Competency Assessment CBO checklist will be maintained in the employee’s CBO folder.

e. Supervisors are responsible for establishing a time frame to complete Initial Unit Orientation and Competency Assessment orientation. Established time frames are to be used as guidelines and may be subject to change at the discretion of the supervisor depending on the learning needs of the new employee.

f. The supervisor will prepare and sign a memorandum for record stating that the employee has successfully completed initial orientation. An employee who rotates to another area; e.g., to Laboratory Service or Telephone Triage, must have a separate memorandum for each identified area.

## **2-7. Ongoing competency assessment**

a. Every supervisor will reassess and validate the competency of their established employees during the year and on an annual basis using a format similar to the sample in appendix D. The supervisor may use a variety of methods; i.e., verbal, observation of daily practice, demonstration, or via skills labs or a recertification class, to validate the competency of the staff.

b. Ongoing competencies will reflect the changing nature of the job in light of organization mission and goals. These are based on new initiatives, procedures, technologies, policies or practices; changes in procedures, technologies, policies or practices; high risk job functions or accountabilities; problem prone areas identified by performance improvement data, patient surveys, staff surveys, incident reports, or any other formal or informal evaluation processes. The ongoing competency checklist is completed in the same manner as the orientation CBO checklist as per the steps noted in paragraph 2-6c, above, and has room to write in new required competencies as they are identified.

c. Each unit is responsible for creating a Initial Unit Orientation and Competency Assessment form that is based on the example in appendix D.

d. The ongoing competency assessment checklist is maintained in the six-part CBO folder. Employees assigned prior to the implementation of this format will keep ALL prior CBO formats in their CBO folder and will use the ongoing competency assessment form from this point on.

## **2-8. MEDDAC Form 679-R, Competency-based Orientation – Continuing Education/ Inservice Record**

- a. MEDDAC Form 679-R (Competency-based Orientation – Continuing Education/Inservice Record) will be used to record all continuing education, inservices, military and education inservices.
- b. This form is reproducible and is contained in the -R Forms section at the back of this regulation. Supervisors will reproduce copies of the form as they need them; do not requisition copies through forms supply channels.

## **2-9. General maintenance of the CBO file**

- a. All entries made in the CBO file will be in ink or typewritten.
- b. Any time a formal review of skills is undertaken, a written assessment of the needs, recommendations and or remedial training, and outcome will be documented and maintained in the employee's CBO.

## **Chapter 3**

### **Implementation of the CBO Program and the Competency-based Assessment Evaluation Process**

#### **3-1. Implementation of the CBO Program is as follows**

- a. The department chief or supervisor, if delegated, will initiate the CBO folder for all new employees.
- b. All new employees will attend facility orientation within 30 days of arrival and complete the Facility Orientation Checklist. An interim orientation addressing key items, such as fire safety, will be conducted by the respective supervisor if the facility orientation is not scheduled within the employee's first two weeks. This will be documented on MEDDAC Form 676-R, which will be completed not later than two weeks after arrival and prior to assumption of any duties.
- c. Orientation to a specific unit will be documented in a format similar to the one provided in appendix B, which will be completed in conjunction with the immediate supervisor.
- d. Except for credentialed providers, all new employees will undergo an initial competency assessment orientation at the unit level and follow the process outlined in paragraph 2-6, above.
- e. New employees are encouraged to provide their supervisors with documentation of previous training courses, certifications, continuing education classes, etc., that can be added to Section VI of the CBO folder. This provides the supervisor with a historical perspective of the new employee's previous training record.
- f. New employees who have completed certification programs at other locations; e.g., suture certification, and want to continue performing those skills, will provide their supervisors with all documentation of training. This information will then be routed to the respective department chief or deputy commander for review and consideration. The employees will be informed if the certification is accepted for transfer or if they must demonstrate or attend the facility's certification course.
- g. The supervisor will sign a memorandum to signify that the employee has successfully completed initial orientation and that all identified skills are validated. An action plan will also be identified for those low volume procedures or skills, such as administering rabies vaccine, that the employee did not complete during initial orientation due to lack of opportunity. The supervisor will

design a plan of action to rectify this situation and then annotate after the skill has been verified. An example of this format is at appendix E.

h. All CBO folders will be maintained by the supervisor and will be available to both the supervisor and employee for updating and maintenance. It is a joint responsibility of the supervisor and the employee to ensure that the CBO folder is up to date and ready for inspection at any time.

i. Supervisors are authorized and encouraged to conduct formal and informal needs assessments and reverification of skills at any time as well as during employees' annual performance appraisals. The Ongoing Competency Assessment Checklist will be initiated during this time and new skills and learning needs identified that reflect the changing nature of the job.

### **3-2. Monitors and Indicators**

a. At any time, the immediate supervisor has the right to prohibit unsupervised performance of a skill or task pending full review. If retraining is deemed necessary, the supervisor will make arrangements to initiate a reorientation or skills training program. All initiatives and results will be thoroughly documented and the employee will operate under supervision until the supervisor validates competency.

b. An employee who fails initial orientation, retraining and or reorientation process and is unable to fulfill the duties of his or her position description may be subject to administrative action.

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## **Appendix A References**

### **Section I Required publications**

**MEDDAC Policy Statement No. 15**  
Confidentiality of Patient Information. (Cited in para 2-4.)

### **Section II Related Publications**

This section contains no entries.

### **Section III Prescribed Forms**

**MEDDAC Form 675-R**  
Personnel Data Sheet. (Cited in para 2-2 and table 2-1.)

**MEDDAC Form 676-R**  
Competency-based Orientation - Facility Orientation. (Cited in para 2-3 and table 2-1.)

**MEDDAC Form 679-R**  
Competency-based Orientation - Continuing Education/Inservice Record. (Cited in para 2-7 and table 2-1.)

**MEDDAC Form 719-R**  
Signature Verification Sheet

### **Section IV Referenced Forms**

**MEDDAC FL 200-R**  
Patient Confidentiality Acknowledgment Statement



**Appendix B**

**Example Format of a Unit Specific Competency-based Orientation Form for a Skill for all Nursing Services Personnel: Leadership**

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CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)	*Self Assess	Orientation (preceptor initials & date)	+Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)	COMMENTS
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## INITIAL ORIENTATION OF UNIT SPECIFIC SKILLS & PROCEDURES:

### Source of Performance Standard: Leadership

<b>1. Team Work</b>	<b>CRITICAL THINKING: Communicates appropriate information to members of the multidisciplinary health care team in a courteous, professional, and approachable manner. Maintains professional composure at all times, ensures thorough patient care is delivered, and manages conflicts appropriately and in a timely manner.</b>				
A. Demonstrates ability to communicate and use effective interpersonal skills with patients and colleagues					
B. Ensures customer satisfaction oriented environment for both patients and other customers					
C. Fosters a positive work environment and encourages team work among staff					
D. Verbalizes clinic's mission, philosophy, and scope of service					
E. Demonstrates appropriate time management skills					
F. Verbalizes knowledge and understanding of patient rights and responsibilities					
G. Verbalizes knowledge and understanding of staff rights and responsibilities					
H. Verbalizes knowledge and understanding of scope of practice for Nursing Assistants, 91Bs, LPNs, and RNs					
I. Ensures a safe environment for both patients and staff, identifying health and safety risks and takes appropriate and immediate steps to alleviate the risk					
J. Demonstrates knowledge of current status of MEDDAC, Department, and clinic-level Performance Improvement program and initiatives					
K. Appropriately uses medical and administrative supplies with the goal of minimizing waste and encouraging fiscal responsibility					
L. Assists in the orientation of new personnel					
M. Shares expertise to help train other team members					
N. Verbalizes process for reporting staff and patient injuries					

\*E= Experienced  
 \*ND= Never Done  
 \*NP= Needs Practice  
 \*NA= Not Applicable (Based on Scope of Practice)

+V= Verbal  
 +D= Demonstrated  
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 +PE= Practical Exercise

CLINICAL SKILLS REFERENCE:  
 The Lippincott Manual of Nursing Practice  
 Lippincott-Raven Publishers  
 Sixth Edition, 1996

I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level/Scope of Practice, after I have successfully demonstrated competency in those tasks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of \_\_\_\_\_ Date: \_\_\_\_\_



CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)	*Self Assess	Orientation (preceptor initials & date)	+Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)	COMMENTS
<b>Source of Performance Standard: Management of Information</b>					
<b>Decision makers and other appropriate staff are educated and trained in the principles of information management</b>					
<b>CRITICAL THINKING: Able to identify and use all information systems available to the clinic. Routinely accesses electronic information systems as one of the formal means of communication. Disseminates information to the clinic and staff within a timely manner as appropriate.</b>					
1. Location of policies/regulations in electronic and paper copy (HAZCOM, MSDS, Safety, SOPs, Environment of Care, etc)					
2. Methods for dissemination of information					
(a) Chain of Command					
(b) Mail groups					
(c) Outlook mail					Does not put patient information on email
(d) Staff meetings					
(e) Staff Communication Book					
3. Methods of information retrieval					
(a) Facility homepage					
(b) Facility intranet					
(c) Clinic SOPs					
(d) Internet					Employees must sign a statement regarding restricted internet sites
4. CHCS					
(a) Completes KG-ADS					
(b) Completes EOD reports					
(c) Reconciles appointments for EOD/monthly reports					
(d) Books appointments					
(e) Enters laboratory orders and radiology requests as needed					
(f) Reviews/obtains clinical results					
(g) Reviews/obtains medication profiles					
5. Outcomes Management Database (ICBD)					

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Source of Performance Standard: Surveillance, Prevention, and Control of Infection

*Demonstrates ability to identify and reduce the risks of acquiring and transmitting infections between patients, employees, and visitors and follows all guidelines per KACC Infection Control Policy and Procedure Guide.*

CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)	*Self Assess	Orientation (preceptor initials & date)	+Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)	COMMENTS
1. Refers to and implements the Infection Control Policy					Location:
(a) Communicable Diseases MEDDAC Regulation 40-18					Location:
(b) Blood borne Pathogen Exposures MEDDAC Reg 40-19					Location:
(c) Tuberculosis Exposure Control MEDDAC Reg 40-21					Location:
2. Correctly explains Standard Precautions					
3. Identifies procedures for segregating/isolating patients with suspected airborne, contact, and droplet infections					
4. Uses proper technique for					
(a) Handling linen					
(b) Disposing of sharps					
(c) Disposal of infectious and regulated medical waste					
(d) Storing clean and sterile supplies					
(e) Collecting and transporting lab specimens					
5. States indications for and demonstrates proper use of personal protective equipment (gloves, gowns, masks, and eye protection)					
6. Uses proper technique for managing blood spills					
7. Demonstrates proper hand washing technique (before and after treatments, between patients, and when needed)					
8. Demonstrates proper cleaning and decontamination of medical equipment using appropriate cleaning agents					
9. Describes procedures for managing a needle stick or blood borne pathogen exposure per MEDDAC Regulation 40-19					
(a) Wash injury and notify supervisor immediately					
(b) Supervisor goes with employee to AT A for evaluation					
(c) Supervisor goes with employee to Occupational Health for reporting and follow-up					

Name: \_\_\_\_\_

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CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)	*Self Assess	Orientation (preceptor initials & date)	+Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)	COMMENTS
<b>Source of Performance Standard: Care of Patients-----Continuum of Care-----Assessment of Patients</b>					
<i>Demonstrates clinical competency related to specific skills and procedures IAW appropriate standards for care and within defined scope of practice.</i>					
<b>1. Patient Arrival:</b>	<b>CRITICAL THINKING: Shows respect for patient and family and their rights and maintains visual and auditory privacy and confidentiality of information in all modes of communication.</b>				
A. Greets patient with professionalism and courtesy.					
B. Checks ID card and verifies eligibility for care in DEERS					
C. Ensures patients under age 18 are accompanied by a parent or guardian with power of attorney. Exceptions to this include:	<b>CRITICAL THINKING: Shows respect for patient and elicits assistance from Charge Nurse, Head Nurse, or OIC while maintaining patient visual and auditory privacy. Additional information is found in MEDDAC Regulation 40-5.</b>				
(1) Patient is an emancipated minor with documentation					
(2) Patient is married					
(3) Patient is active duty military					
(4) Patient is the parent of a child					
(5) Patient is seeking treatment or advice about drug abuse, alcoholism, venereal disease, PID, pregnancy, contraception, or alleged sexual assault					
(6) Attending physician judges that the life or health of the minor would be adversely affected by delaying treatment to obtain the consent of another individual.					
D. Stamps chart with date and appropriate appointment stamp					
E. Annotates Health Care Provider (HCP) to be seen, age, sex, time of appointment and time in on the SF600					
F. Informs patient to sit and transfers record to screening box.					
G. Annotates patient as present, no show, cancellation, or walk-in in CHCS					
H. Uses alternate communication methods for patients with sensory impairment or language barriers	<b>CRITICAL THINKING: Shows respect and sensitivity for the patient and family. Demonstrates ability to locate and use various alternate communication techniques available within the facility.</b>				
(1) Uses written word, parents, or medical staff who can sign for hearing impaired patients					Location of translator list:
(2) Uses bi-lingual medical staff or AT&T Translator Services					Location of ATT&T instructions:
I. Identifies patients requiring immediate medical attention and informs the nursing staff and/or HCP for assistance per SOP.					
J. Refers patient complaints/concerns to the Head Nurse/NCOIC and/or Patient Representative as needed					

Name: \_\_\_\_\_

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 PE = Practical Exercise

CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)	*Self Assess	Orientation (preceptor initials & date)	+Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)	COMMENTS
<b>2. Telephone Courtesy</b>	<b>CRITICAL THINKING: Recognizes that older patients or English as a second language patients may demonstrate a delayed response to questions and politely allows them time to phrase an answer. Also clarifies the patient's request to avoid any misunderstandings.</b>				
A. Correctly and politely answers the telephone and transfers calls appropriately.					
B. Correctly generates CHCS telephone consult.					
(1) Verifies name, unit, SSN, phone number, DEERS eligibility, and Tricare enrollment status.					
(2) Obtains pertinent patient information and chief complaint; documents in CHCS.					
C. Uses operator relay for hearing impaired callers					
<b>3. Child, Spouse, and Vulnerable Adult Abuse and Neglect</b>	<b>CRITICAL THINKING: Treats patient and family with dignity and respect with emphasis placed on their psychological needs. Refers to MEDDAC Regulation for additional information.</b>				
A. Able to identify high risk families or situations					
B. Verbalizes signs/symptoms of following for children					
(1) Physical abuse					
(2) Sexual abuse					
(3) Physical neglect					
(4) Medical neglect					
(5) Emotional maltreatment					
C. Verbalizes signs/symptoms of following for spouses or vulnerable adults					
(1) Physical abuse					
(2) Sexual abuse					
(3) Physical neglect					
(4) Medical neglect					
(5) Emotional maltreatment					
D. Notifies HCP, Nursing Leadership, or Charge Nurse if family is high risk or signs and symptoms of abuse/neglect are present					

Name: \_\_\_\_\_

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 PE = Practical Exercise





## **Appendix C**

### **Example Format of a Unit Specific Competency-based Orientation Form for a Specific Clinic: Care of Patients—Continuum of Care—Assessment of Patients (Adult Patients)**

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CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)	*Self Assess	Orientation (preceptor initials & date)	Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)	COMMENTS
<b>INITIAL ORIENTATION OF SPECIFIC SKILLS AND PROCEDURES FOR ADULT PATIENTS</b>					
<b>Source of Performance Standard: Care of Patients-----Continuum of Care-----Assessment of Patients</b>					
<b><i>Demonstrates clinical competency related to specific skills and procedures IAW appropriate standards for care and within defined scope of practice and manufacturer guidelines.</i></b>					
<b>1. Patient Screening</b>	<b>CRITICAL THINKING: Recognizes abnormal values and takes appropriate action in a timely manner. Documents findings appropriately. Recognizes unique age and language appropriate communication needs of patients and responds appropriately. Recognizes normal variations in vital signs parameters associated with the aging process.</b>				
A. Obtains vitals signs (pulse, BP, temp, respiration, oxygensats, peak flow) and recognizes normal & abnormal values for:			D		
(1) Illness					
(2) Pregnancy					
(3) Patients over the age of 65					
B. Obtains height and weight and compares to previous visit. Brings significant weight loss/gain to the attention of RN or HCP			D		
C. Inquires about presence of pain and uses appropriate pain scales and documents per protocol	<b>CRITICAL THINKING: Recognizes the influence of language and culture on the perception of pain. Redizes that pain perception often changes with normal aging to include the minimization of normally acute symptoms (e., chest pain associated with myocardial infarction, pain associated with broken bones) in the geriatric population. Inquires as to how the patient manages pain at home (medications, home remedies, restricting activities, etc) and documents. Alerts nursing staff and/or HCP to presence of pain..</b>				
D. Documents food and drug allergies, prescription medications, over the counter medications, and dietary supplements on chart with reason for visit					
E. Inquires if patient or family has questions about medication or supplement use, refers to RN or Care Coordinator					
F. Inquires about various safety practices and documents					
a. Seatbelt use					
b. Home safety practices (i.e., security of medications, loose rugs, numbers of steps, assistive devices in bathrooms, etc)					
c. Use of cane, wheelchair, walker or other devices					
d. Inquires about family, neighbors, or other community resources available to assist patient at home					
G. Alerts Care Coordinator to patients who might require additional interventions or assistance					
H. Inquires about presence of Advanced Directives. Informs nurse, HCP, or Care Coordinator for interested patients					

E= Experienced

ND= Never Done

NP= Needs Practice

NA= Not Applicable (Based on Scope of Practice)

V= Verbal

D= Demonstrated

L= Lecture or Video

PE= Practical Exercise

CLINICAL SKILLS REFERENCE:

The Lippincott Manual of Nursing Practice

Lippincott-Raven Publishers

Sixth Edition, 1996

I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level/Scope of Practice, after I have successfully demonstrated competency in those tasks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of HN/WM: \_\_\_\_\_ Date: \_\_\_\_\_

# INITIAL ORIENTATION OF UNIT SPECIFIC SKILLS & PROCEDURES:

## ADULT PATIENTS

CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)		*Self Assess	Orientation (preceptor initials & date)	Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)	COMMENTS
<b>2. Patient Care: Nursing Assistants</b>		<b>CRITICAL THINKING:</b> Recognizes unique needs of young adult to geriatric patients and performs procedures accordingly. Gathers age and diagnosis appropriate supplies and equipment. Explains all procedures in an age appropriate manner according to the level of understanding of the patient and family. Approaches patient in non-threatening manner and demonstrates acceptance of their coping mechanisms. Provides teaching and reassurance throughout the entire process.				
A. Dipsticks urine per approved Point of Care Testing (POCT)				D		
B. Obtains stool sample				D		
C. Guaiacs stool per POCT				D		
D. Correctly completes required forms and labels all specimens				D		
E. Follows infection control policy for transport of specimens				D		
F. Performs EKGs				D		
G. Prepares patient and sets up equipment for procedures (i.e., Lumbar Puncture, I&D, skin biopsy/tag removal, wart removal, toenail removal, tick removal, dressing changes)				D		
(1) Adults (18-64 years)		<b>CRITICAL THINKING FOR ADULTS (18-64):</b> Addresses patient by name and/or rank per their preference. Explains procedures in clear and simple terms using correct terminology. Maintains safety and provides reassurance.				
(2) Geriatric (64 plus)		<b>CRITICAL THINKING FOR OLDER ADULTS:</b> Shows respect for patient and family and addresses patient by name and/or rank per their preference avoiding such terms as "honey, sweetie, or cutie". Involves patient and family in all decisions and encourages the patient to participate in procedure as much as possible. Recognizes that older patients may demonstrate a delayed response to questions and allows them time to phrase an answer. Also adjusts explanations to accommodate short-term memory loss. Explains procedures in clear and simple terms using correct terminology. Allows patient to describe their mobility capabilities and limitations in regard to positioning. Maintains safety and provides reassurance. Minimizes exposure to ensure modesty and avoid unnecessary heat loss.				
H. Serves as chaperone forHCPs						
I. Initiates Code Blue and performs adult BLS				D		BLS date:
<b>3. Patient Care: 91Bs (May perform the following to include above procedures for Nursing Assistants)</b>		<b>CRITICAL THINKING:</b> Recognizes unique needs of young adult through geriatric patients and performs procedures accordingly. Gathers age and diagnosis appropriate supplies and equipment. Explains all procedures in an age appropriate manner according to the level of understanding of the patient and the family. Approaches patient in professional and non-threatening manner. Provides reassurance to patient and family.				
A. Performs venipuncture		<b>CRITICAL THINKING:</b> Recognizes the fragility of veins on geriatric or very ill patients and adjusts technique/catheter size to prevent injury to the patient. Inquires if patient is taking blood thinners to evaluate for increased need for pressure after procedure is complete. Evaluates site after procedure for presence of delayedsdematoma				
(1) Obtains blood specimens				D		
(2) Obtains blood cultures				D		
(3) Establishes intravenous lines				D		
B. Obtains wound culture				D		

Name: \_\_\_\_\_

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 + V= Verbal      D= Demonstrated      L= Lecture or Video      PE = Practical Exercise

INITIAL ORIENTATION OF UNIT SPECIFIC SKILLS & PROCEDURES:

ADULT PATIENTS

CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)	*Self Assess	Orientation (preceptor's initials & date)	+Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)	COMMENTS
C. Obtains throat culture and performs RapidStrep Test (POCT)			D		
D. Obtains blood glucose finger stick (per POCT)			D		
E. Performs ear irrigations			D		
F. Performs eye irrigations			D		
G. Performs wound care per HCP orders; applies, reinforces and removes wound dressings using aseptic and sterile techniques			D		All wounds must first be assessed by the RN before approval is given for a 91B to complete wound care
H. Peak flow meter use			D		
I. Oxygen delivery systems	CRITICAL THINKING: Recognizes appropriate mode of oxygen administration based on the patient's age and condition				
(1) nasal cannula			D		Oxygen application by all routes must be verified by licensed personnel
(2) face mask			D		
(3) venti-mask			D		
(4) non-rebreather mask			D		
(5) trach collar			D		
J. Applies and monitors therapies	CRITICAL THINKING: Monitors application site frequently for signs of tissue damage for older patients who may be unable to recognize pain (altered pain perceptions) or for patients unable to remove heat/ice pack or verbalize pain/discomfort.				
(1) heat packs			D		
(2) ice packs and cold packs			D		
K. Applies supportive devices to knees, elbows, and wrists	CRITICAL THINKING: Monitors circulation frequently for signs of compromise or tissue damage/irritation for older patients who may be unable to recognize pain (altered pain perceptions) or for those unable to verbalize pain/discomfort. Also assess mobility after application for all patients but especially those older patients with an already impaired mobility condition. Involves RN or Care Coordinator to assess for safety concerns in the home.				
(1) Ace wraps			D		
(2) Finger and thumb splints			D		
(3) Slings			D		
L. Sutures lacerations			D		Requires certification
CRITICAL THINKING: Does not suture on face, hands, feet, or on patients taking anti-coagulants due to cosmetic and functional issues. Sutures within scope as specified in the clinic policy.					
M. Urinary catheterization on patients			D		
N. Performs adult BLS			D		

Name: \_\_\_\_\_

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INITIAL ORIENTATION OF UNIT SPECIFIC SKILLS & PROCEDURES:

ADULT PATIENTS

CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)	*Self Assess	Orientation (preceptor initials & date)	+Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)	COMMENTS
<b>4. Patient Care: LPNs</b> (May perform the following to include above procedures for 91Bs and Nursing Assistants)	<b>CRITICAL THINKING:</b> Recognizes unique needs of young adult to geriatric patients and performs procedures accordingly. Gathers age and diagnosis appropriate supplies and equipment. Explains all procedures in an age appropriate manner according to the level of understanding of the patient and the family. Approaches the patient in non-threatening manner and provides reassurance and support..				
A. Urinary catheterization			D		
B. Heel sticks			D		
C. Blood specimens			D		
D. Blood cultures on			D		
E. Oral suctioning			D		
F. Performs infant, child, or adult BLS based on size/age of patient and assists with PALS and ACLS			D		ACLS Date:
G. Administers medications	<b>CRITICAL THINKING:</b> Administers the right medication in the right dose via the right route to the right patient at the right time. Understands the purpose of the medication and its intended effect. Recognizes signs and symptoms of anaphylaxis/overdose and acts appropriately. Recognizes and responds to unique medication needs of geriatric patients. Responds appropriately by administering correct dose for age/weight and by monitoring medication effects. Verifies allergies before administration and documents medications given and the patient's response.				
(1) Intramuscular			D		
(2) Subcutaneous			D		
(3) Oral			D		
(4) Rectal			D		
(5) Topical			D		
(6) ViaGastrostomy tube.			D		
(7) Maintains Saline Lock/Heparin Lock			D		
(8) Administers IV fluids			D		
(9) Administers IV fluids with additive medications			D		
(10) Administers IVPB medications			D		
(11) Administers nebulized medications			D		
(12) Identifies, reports, and documents adverse drug reactions			D		
H. Assists RN with NG tube placement and management			D		
I. Assists RN with patient transfer to a higher level of care			D		

INITIAL ORIENTATION OF UNIT SPECIFIC SKILLS & PROCEDURES:

ADULT PATIENTS

CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)	*Self Assess	Orientation (Preceptor initials & date)	+Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)	COMMENTS
<b>5. Patient Care: RNs</b> (May perform the following to include all above procedures for Nursing Assistants, 91Bs, and LPNs)					
<b>CRITICAL THINKING:</b> <i>Recognizes unique needs of young adult to geriatric patients and performs procedures accordingly. Develops and implements nursing care, assesses patient's response to care, and implements appropriate changes. Coordinates appropriate consultations to support multidisciplinary care for outpatients being seen on an ongoing basis for treatment (i.e., asthma patients)</i>					
A. Inserts and checkspatency of NG tube and connects to gravity or suction. Secures NG tube to patient			D		
B. Cares for patient with central venous access devices (VADs)					Requires Certification
(1) Port-acath					
(2) PICC					
(3) Groshong/Hickman/Broviac					
C. Coordinates patient transfer to a higher level of care			D		
(1) To another military or civilian facility			D		
(2) Emergently			D		
(3) Using a contract ambulance			D		
D. Administers medications					
(1) Mixes IV Piggyback medications and IV additives			D		
(2) IV push medications			D		
E. Performs tracheal suctioning			D		
F. Uses nursing process as appropriate					<b>CRITICAL THINKING:</b> <i>Recognizes situations that require RN intervention and implements the nursing process.</i>
(1) Assessment					
(2) Planning					
(3) Implementation					
(4) Evaluation					
<b>Source of Performance Standard: Education of Patients and Families</b>					
<i>Involves patient and family in the patient-education process and encourages their participation in the care and decision making process.</i>					
1. Assesses patient education needs based on physical, cultural, religious, educational, language and age-specific criteria					
2. Assesses the patient's/family's motivation and readiness to learn and adapts teaching based on current needs					
3. Documents education teaching per clinic SOP and KACC policy					
4. Familiar with various education materials to include other languages, materials in Braille, picture books, etc and distributes					
5. Informs RN or Care Coordinator for patients and families with additional educational needs to include community resources					

INITIAL ORIENTATION OF UNIT SPECIFIC SKILLS & PROCEDURES:

ADULT PATIENTS

CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)		*Self Assess	Orientation (Preceptor initials and date)	+Eval Method	COMPETENCY VALIDATED BY SUPERVISOR (SIGNATURE & DATE)		COMMENTS
<b>Source of Performance Standard:</b> <b>Environment of Care</b>							
<i>To provide a safe, functional, and effective environment for patients, staff members, and other individuals in the ambulatory care organization.</i>							
<b>1. Equipment</b>		<b>CRITICAL THINKING:</b> <i>Describes the capabilities, limitations and special applications of each item of equipment. Demonstrates basic operating and safety procedures for equipment items. Reports routine problems with equipment. Identifies emergency procedures in the event of equipment failure. Describes the process for reporting user errors and/or patient incidents. Performs actions IAW clinic SOP and MEDDAC Regulation 750-1.</i>					
A. Microscope			D				
B. Colposcope			D				
C. EKG machine			D				
D. Defibrillator and crash cart, performs daily checks			D				
E. Nebulizers			D				
F. Infusion pumps			D				
G. Vital signs monitors			D				
H. Scales			D				
I. Pulse Oximeters			D				
J. Suction apparatus			D				
K. Otoscope and ophthalmoscope			D				
L. Procedure chairs			D				
M. Oxygen			D				
N. Vision testing/acuity system			D				
O. Ear thermometers			D				
P. Overhead procedure lamp			D				
Q. Fingertick Blood Glucose monitor			D				
R. Stretchers			D				
S. Wheelchairs			D				
T. Restraints			D				
<b>2. Supplies</b>		<b>CRITICAL THINKING:</b> <i>Ensures appropriate supplies are on hand and non-standard items are ordered in sufficient amount of time. Maintains a safe environment appropriate for the age specific population. Ensures that all supplies are secured to maintain a safe environment for children.</i>					
A. Restocks exam/treatment room with age-specific supplies							
B. Identifies unserviceable equipment and reports to supervisor							
C. Properly discards outdated material							
D. Demonstrates proper procedure for rotating supplies through CMS							

Name: \_\_\_\_\_

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ND = Never Done

NP= Needs Practice

NA= Not Applicable (Based on Scope of Practice)

+ V= Verbal

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**Appendix D**

**Example Format of a Unit Specific Ongoing Competency Assessment Form for a Specific Clinic:  
Care of Patients–Continuum of Care–Assessment of Patients (Pediatric Patients)**

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CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)	*Self Assess	+Eval Method	Annual validation	Comments	Annual validation	Comments
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# ONGOING COMPETENCY OF SPECIFIC SKILLS AND PROCEDURES FOR PEDIATRIC PATIENTS

## Source of Performance Standard: Care of Patients-----Continuum of Care-----Assessment of Patients

*Demonstrates clinical competency related to specific skills and procedures IAW appropriate standards for care and within defined scope of practice and manufacturer guidelines.*

1. Patient Screening	CRITICAL THINKING: Recognizes abnormal values and takes appropriate action in a timely manner. Documents findings appropriately. Recognizes unique age and language appropriate communication needs of patients and responds appropriately. Recognizes normal age specific variations.					
A. Obtains vitals signs (pulse, BP, temp, respiration, oxygen saturation, and peak flow) and recognizes normal and abnormal values for the following groups:						
(1) newborns (less than 30 days old)						
(2) infants (1 month to 18 months)						
(3) toddlers (18 months to 3 years)						
(4) preschool age (3-6 years)						
(5) school age (6-10 years)						
(6) adolescents (10-17 years)						
B. Obtains head circumference for patients < 24 months and verbalizes understanding of abnormal results/trends						
C. Obtains height/length and weight (KG) using appropriate scale based on age and standing ability of the patient						
D. Inquires about presence of pain and uses age appropriate pain scales (i.e Wong and Baker FACES scale, 0-10 etc) and documents						
E. Ensures growth chart is in all records						
F. Plots height/length and weight on growth chart (and head circumference for patients < 24 months)						
G. Ensures immunization record is in chart						
H. Documents allergies, medications, and dietary supplements on chart with reason for visit						
I. Inquires about various safety practices and documents						
(1) bike helmet use						
(2) seat belt and car seat use						
(3) home safety practices (i.e., outlet covers, security of medications/cleaning supplies, Poison Control/Mr Yuck stickers)						

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CLINICAL SKILLS REFERENCE:  
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Lippincott-Raven Publishers  
Sixth Edition, 1996

I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level/Scope of Practice, after I have successfully demonstrated competency in those tasks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of HN/WM: \_\_\_\_\_ Date: \_\_\_\_\_

# ONGOING COMPETENCY OF UNIT SPECIFIC SKILLS & PROCEDURES:

## PEDIATRIC PATIENTS

CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)		*Self Assess	+Eval Method	Annual Validation	Comments	Annual Validation	Comments
J. Reports abnormal findings to RN, HCP, or Care Coordinator							
K. Transfers chart to HCP							
L. Ensures Master Problem List is on chart							
<b>2. Patient Care: Nursing Assistants</b>		<b>CRITICAL THINKING: Recognizes unique needs of pediatric patients and performs procedures accordingly. Gathers age and diagnosis appropriate supplies and equipment. Explains all procedures in an age appropriate manner according to the level of understanding of the child and the parent/guardian. Approaches child in non-threatening manner and comforts at completion.</b>					
A. Obtains bagged clean catch urine on patients < 24 months							
B. Dipsticks urine per approved Point of Care Testing (POCT)							
C. Obtains stool sample and guaiacs stool per POCT							
D. Correctly completes required forms and labels all specimens							
E. Follows infection control policy for transport of specimens							
F. Performs EKGs							
G. Prepares patient and sets up equipment for procedures (i.e., Lumbar Puncture, I&D, skin biopsy/tag removal, wart removal, toenail removal, tick removal, dressing changes)							
(1) Infants 0-18 months)		<b>CRITICAL THINKING FOR INFANTS: Explains to parents all procedures and provides reassurance. Never leaves infant unattended and keeps side-rails up. Keeps infant warm to minimize heat loss. Uses immobilization devices appropriately for the size of the infant. Encourages parent to hold infant in arms if not contraindicated and if parent consents.</b>					
(2) Toddlers (18 months- 3 years)		<b>CRITICAL THINKING FOR TODDLERS: Encourages parent to provide child with a security item (blanket, toy) and have parent stay with child. Gives toddler one step directions at their eye level and maintains eye contact during procedure. Speaks in slow and calm manner and praises toddler at completion of procedure.</b>					
(3) Pre-School age (3-6 years)		<b>CRITICAL THINKING FOR PRE-SCHOOL AGE: Involves child and parent in all decisions and encourages child to participate in procedures as much as possible (e., handling equipment to reduce fear and satisfy curiosity). Provides a safe environment, explains all steps using simple words the child can understand, and uses distraction technique such as songs or asking questions about favorite activities or pets. Provides for minimal exposure due to particular modesty of this age group. Praises child at the completion of the procedure.</b>					
(4) School age (6-10 years)		<b>CRITICAL THINKING FOR SCHOOL AGE: Involves child and parent in all decisions and encourages child to participate in procedure as much as possible. Explains procedures honestly (this will hurt) uses visual aids (e., diagrams, dolls) to explain procedures specifically and concretely. Provides a safe environment and maintains modesty. Allows child to choose whether parent remains present if appropriate. Praises child at the completion of the procedure.</b>					
(5) Adolescents (10-17 years)		<b>CRITICAL THINKING FOR ADOLESCENTS: Involves adolescent and parent in all decisions and encourages the adolescent to participate in procedure as much as possible. Supplements explanations with rationale. Provides a safe environment and maintains modesty. Allows adolescent to choose whether parent remains present if appropriate. Encourages adolescent to ask questions and express concerns/fears regarding illness. Talks directly to the adolescent and allows them to answer questions even if a parent is present. Does not treat adolescent like a child.</b>					
H. Serves as chaperone for HCPs							
I. Initiates Code Blue and performs infant, child, or adult BLS based on size/age of the patient							

Name: \_\_\_\_\_

\* E= Experienced      ND = Never Done      NP= Needs Practice      NA= Not Applicable (Based on Scope of Practice)  
+ V= Verbal      D= Demonstrated      L= Lecture or Video      PE = Practical Exercise

# ONGOING COMPETENCY OF UNIT SPECIFIC SKILLS & PROCEDURES:

## PEDIATRIC PATIENTS

CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)		*Self Assess	+Eval Method	Annual Validation	Comments	Annual Validation	Comments
<b>3. Patient Care: 91Bs (May perform the following to include above procedures for Nursing Assistants)</b>		<b>CRITICAL THINKING:</b> <i>Recognizes unique needs of pediatric patients and performs procedures accordingly. Gathers age and diagnosis appropriate supplies and equipment. Explains all procedures in an age appropriate manner according to the level of understanding of the child and the parent/guardian. Approaches child in non-threatening manner and comforts at completion.</i>					
A. Obtains blood specimens on patients > 14 years							
B. Obtains blood cultures on patients > 14 years							
C. Obtains wound culture							
D. Obtains throat culture and performs RapidStrep Test (POCT)							
E. Obtains blood glucose finger stick (per POCT)							
F. Performs ear irrigations							
G. Performs eye irrigations							
H. Performs wound care per HCP orders; applies, reinforces and removes wound dressings using aseptic and sterile techniques							
I. Establishes intravenous lines on patients > 14 years							
J. Peak flow meter use							
K. Oxygen delivery systems		<b>CRITICAL THINKING:</b> <i>Recognizes appropriate mode of oxygen administration based on the patient's age and condition</i>					
(1) nasal cannula							
(2) face mask							
(3) venti-mask							
(4) non-rebreather mask							
(5) trach collar							
L. Applies and monitors therapies		<b>CRITICAL THINKING:</b> <i>Monitors application site frequently for signs of tissue damage for infants and children unable to remove ice or heat packs or verbalize pain/discomfort.</i>					
(1) heat packs							
(2) ice packs and cold packs							
M. Applies ace wraps to knees, elbows, and wrists							
N. Applies finger and thumb splints							
O. Applies slings							
P. Sutures lacerations					Renew certification		Renew certification
<b>CRITICAL THINKING:</b> <i>Does not suture on face, hands, feet, or on children under the age of 2 due to cosmetic and functional issues. Sutures within scope as specified in the clinic policy.</i>							
Q. Urinary catheterization on patients > 14 years							
S. Performs infant, child, or adult BLS based on size/age of patient							

Name: \_\_\_\_\_

\* E= Experienced      ND = Never Done      NP= Needs Practice      NA= Not Applicable (Based on Scope of Practice)  
+ V= Verbal      D= Demonstrated      L= Lecture or Video      PE = Practical Exercise





CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD)		*Self Assess	+Eval Method	Annual Validation	Comments	Annual Validation	Comments
Source of Performance Standard: Education of Patients and Families							
Involves patient and family in the patient-education process and encourages their participation in the care and decision making process.							
1. Assesses patient education needs based on physical, cultural, religious, educational, sensory deprivation, language and age-specific criteria							
2. Assesses the patient's/parent's motivation and readiness to learn and adapts teaching based on current needs							
3. Documents education teaching per clinic SOP and KACC policy							
4. Familiar with various education materials to include other languages, materials in Braille, picture books, etc and distributes handouts appropriately							
5. Informs RN or Care Coordinator for patients and families with additional educational needs to include community resources							
Source of Performance Standard: Environment of Care							
To provide a safe, functional, and effective environment for patients, staff members, and other individuals in the ambulatory care organization.							
1. Supplies	CRITICAL THINKING: Ensures appropriate supplies are on hand and non-standard items are ordered in sufficient amount of time. Maintains a safe environment appropriate for the age specific population. Ensures that all supplies are secured to maintain a safe environment for children.						
A. Restocks exam/treatment room with age-specific supplies							
B. Identifies unserviceable equipment and reports to supervisor							
C. Properly discards outdated material							
D. Demonstrates proper procedure for rotating supplies through CMS							



**Appendix E**

**Example Format of an Initial Unit Level Orientation Competency Completion Certificate**

**Kimbrough Ambulatory Care Center  
Initial Unit Level Orientation  
Competency Completion Certificate**

\_\_\_\_\_  
(Name) (Rank/GS Rating)

has successfully completed the orientation for \_\_\_\_\_.

\_\_\_\_\_  
Date Orientation Initiated

\_\_\_\_\_  
Date Orientation Completed

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Signature of New Employee

The following skills were not demonstrated during the orientation period due to low volume and/or lack of opportunity (ie catheterizing an infant or administering the rabies vaccine) with the following plan of action to accomplish the task.

Task or Skill: \_\_\_\_\_ Action Plan: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Competency Verified: \_\_\_\_\_  
(date and signature of supervisor)

Task or Skill: \_\_\_\_\_ Action Plan: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Competency Verified: \_\_\_\_\_  
(date and signature of supervisor)

Task or Skill: \_\_\_\_\_ Action Plan: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Competency Verified: \_\_\_\_\_  
(date and signature of supervisor)



## **Glossary**

### **Section I Abbreviations**

#### **CBO**

competency-based orientation

#### **DCA**

Deputy Commander for Administration

#### **DCCS**

Deputy Commander for Clinical Services

#### **DCN**

Deputy Commander for Nursing

#### **HN**

head nurse

#### **MEDDAC**

U.S. Army Medical Department Activity, Fort George G. Meade

#### **NCOIC**

noncommissioned officer in charge

#### **PTM&S**

Plans, Training, Mobilization and Security Division

### **Section II Terms**

#### **Certification**

A formal process by which clinical personnel are authorized to perform certain skills which are beyond the individual's formal training or repre-

sent high risk to life or limb. Certification requires a specified educational program, documentation of attendance, and competency verification.

#### **Competency**

The effective application of those technical skills and knowledge that the individual must possess in order to perform their duties. Competency communicates an acceptable level of practice and may be evaluated using a variety of methods.

#### **Competency assessment**

A fluid and ongoing process that articulates and evaluates the skills needed to carry out a particular job now and in the future. It should reflect the dynamic nature of the job and help work groups focus on the philosophy and mission of the organization.

#### **Competency-based orientation (CBO)**

A structure which is implemented and provides the mechanism to evaluate the knowledge and ability of the individual to perform tasks identified in the scope of practice for a particular clinical or administrative environment. The CBO Checklist delineates the competency skills that must be demonstrated prior to unsupervised practice. The level of skill

requiring competency-based documentation is dependent on the risk involved and the educational preparation of the individual.

#### **Competency verification**

The process by which a responsible individual measures the abilities of an individual for a specific competency statement. Verification can and should take many forms within the overall competency process. A single method of verification can never effectively capture the technical, critical thinking, and interpersonal skills required to successfully perform the job. Therefore a variety of methods should be used to assess competency. Competency verification methods include but are not limited to observation, post-tests, return demonstrations, case studies, exemplars, peer review, self-assessment, discussion groups, presentation, mock events, and performance improvement monitors and observation that the individual is able to perform a particular task.

#### **Initial competencies**

Competencies that focus on the knowledge, skills, and abilities required in the first six months to one year of employment. These competencies are often referred to as the "core competencies" required to perform

the job.

**Ongoing competencies**

Competencies that build on already established knowledge, skills, and abilities. These competencies reflect new, changing, high-risk, and problematic aspects of the job as it evolves

overtime.

**Scope of practice**

The documented delineation of those tasks and functions which non-credentialed clinical and administrative personnel are authorized to perform in a designated environment follow-

ing successful completion of competency-based orientation.

The delineation of tasks and functions for credentialed providers is the responsibility of the Credentials Review Committee and is based on formal education, licensure and board certification.

## **-R Forms Section**

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**SECTION I  
PERSONNEL DATA SHEET**

Annual Requirements for All Employees	Date	Date	Date	Date
	Initials	Initials	Initials	Initials
Annual performance appraisal				
a. Review of job description				
Birth month training				
a. Infection control				
b. Bloodborne pathogens				
c. Customer Service				
d. Performance Improvement				
e. Fire Safety				
f. Safety				
g. HAZCOM				
h. HIV/AIDs				
i. Tricare				
Physical Security				
EPP				
OPSEC				
SAEDA				
Utility systems				
Occupational Health visit				

Annual Requirements for all Military	Date	Date	Date	Date
	Initials	Initials	Initials	Initials
CTT				
Code of Conduct				
Dental Exam				
Geneva Convention				
SRP				

Quarterly Requirements for All Employees	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
EEO																
EO																
CO2																

## COMPETENCY-BASED ORIENTATION -- FACILITY ORIENTATION

Name	Unit
<b>Critical Behavior or Task</b>	<b>Signed off by New Employee Orientation Staff or by respective Deputy Commander</b>
1. Introduction to the staff and tour of the facility.	
2. Demonstrates knowledge of the physical layout of the facility.	
3. Verbalizes scope of care provided by the facility and hours of operation.	
4. Verbalizes an understanding of--	
a. MEDDAC overview	
b. Command structure	
c. Chain of command	
5. Verbalizes an understanding of expected appearance and behavior standards for the staff.	
6. Demonstrates a basic understanding of the following Tricare Services:	
a. Tricare Prime	
b. Tricare Extra	
c. Tricare Standard (CHAMPUS)	
d. Tricare for Life	
7. Verbalizes the process for how patients access care within the facility.	
8. Demonstrates and verbalizes procedures to assure patient rights and confidentiality.	
9. Demonstrates a customer-friendly attitude and willingness to help.	
10. Verbalizes the process for managing complaints or compliments.	
11. Demonstrates an ability to provide assistance and or make referrals to other responsible unit and facility personnel, as appropriate.	
12. Demonstrates an understanding of performance improvement concepts (Focus-PDCA)	
13. Can demonstrate the correct procedure for--	
a. Reporting a fire	
b. Reporting a bomb threat	
c. Reporting a safety concern	
d. Handling hazardous materials (HAZMAT)	
14. Demonstrates the correct use of the following communication systems and devices:	
a. Pages access	
b. Overhead paging access (public address system)	
c. Telephones	
d. Facility intranet	
15. Demonstrates the procedure for initiating a Code Blue	
16. Demonstrates knowledge of procedures for infection control and handling and disposal of regulated medical waste.	

[illegible]

## SIGNATURE VERIFICATION SHEET

Employee's name
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[illegible]

**PATIENT CONFIDENTIALITY ACKNOWLEDGMENT STATEMENT**  
(For use of this form, see MEDDAC (Fort Meade) Policy Statement No. 15)

I, \_\_\_\_\_, acknowledge that I have received a copy of MEDDAC (Fort Meade) Policy Statement No. 15, Confidentiality of Patient Information. I have read the policy statement and understand its contents and how it applies to my position. I understand that breach of this policy may lead to disciplinary action, up to and including dismissal. I also understand that I am to ask my supervisor if at any time I have questions concerning patient confidentiality.

Employee's signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Annual renewal of acknowledgment:**  
(In January of each year)

<u>Employee's Signature</u>	<u>Date Signed</u>
_____	_____
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